

New 2008 CPT Telephone Call Codes

How to code in the MHS

UBO Program Manager

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CONF. CODE 7519468#

27, 28 Dec 2007 and 2, 3, 4 Jan
2008

MHS - Using 2008 Telephone Call Codes

Overview

- The Changes
- AHLTA screen shots
- Ambulatory Data Module screen shots

Goal

- Providers are not surprised when the MHS loads the new 2008 CPT codes and providers find that 99371/99372/99373 are deleted
 - As evidenced by TMA not receiving lots and lots of nasty-grams because no one told the providers about the CPT change and the changes to AHLTA and ADM
- Providers understand the requirements to use the 99441, 99442 and 99443 codes (which are slightly different than the 99371/99372/99372 codes)
- Non-providers, such as nurses and technicians, understand when and how to collect data using the new 98966/7/8 non-face-to-face encounters

Privileged vs Non-Privileged

- Unlike the civilian sector, in the MHS all privileged providers, including dietitians, physical and occupational therapists, and independent duty corpsmen will be able to use the 99441/2/3/4 codes
- Nurses, technicians, and other non-privileged providers will use the 98966/7/8/9 codes

Provider Non-Face-to-Face

- As of 1 Jan 2008, CPT® deleted **99371, 99372, 99373**
- Telephone Services Codes Replaced With:
 - By physician,
 - Initiated by established patient,
 - Not continuation of previous (7 days or post operative uncomplicated),
 - Not leading to a face-to-face visit in 24 hours or next available urgent
- **99441** Telephone E/M, established, 5-10 minutes
- **99442** Telephone E/M, established, 11-20 minutes
- **99443** Telephone E/M, established, 21-30 minutes
- Note: Documentation MUST show time spent speaking with the patient**
- On-Line Medical Evaluation
 - **99444** Online E/M, not continuation of E/M provided in past 7 days, using Internet or similar method

Privileged Providers

- 99441 Telephone E/M Service Provided By A Physician To An **Established** Patient, Parent, Or Guardian **Not Originating From A Related E/M Service Provided Within The Previous 7 Days Nor Leading To An E/M Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment;**
 - 5-10 Minutes Of Medical Discussion
- 99442 Telephone E/M Service Provided By A Physician To An Established Patient, Parent, Or Guardian Not Originating From A Related E/M Service Provided Within The Previous 7 Days Nor Leading To An E/M Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment;
 - 11-20 Minutes Of Medical Discussion
- 99443 Telephone E/M Service Provided By A Physician To An Established Patient, Parent, Or Guardian Not Originating From A Related E/M Service Provided Within The Previous 7 Days Nor Leading To An E/M Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment;
 - 21-30 Minutes Of Medical Discussion
- 99444 **Online** E/M Service Provided By A Physician To An Established Patient, Guardian, Or Health Care Provider Not Originating From A Related E/M Service Provided Within The Previous 7 Days, Using The Internet Or Similar Electronic Communications Network

DO NOT ASSIGN TELEPHONE SERVICES CODES (but still document) FOR:

- Telephone services referring to an E/M service performed and reported by the same provider occurring within the past 7 days
- Telephone services ending with a decision to see the patient within 24 hours or next available urgent visit appointment
- Telephone services occurring within the post operative period of the previously completed procedure
- New patient interaction
- Provider to provider interaction
- Provider to commander interaction
- Leaving messages on answering machines
- Scheduling/Billing/Administrative issues
- Communication of non-clinical information
- Telephone services completed by residents that are PGY-1's
- Any other administrative issues
- Providing test results

If you need to assign a code when you document this in AHLTA, use 99499 and “Workload does NOT count”

Non-Face-to-Face Nonphysician

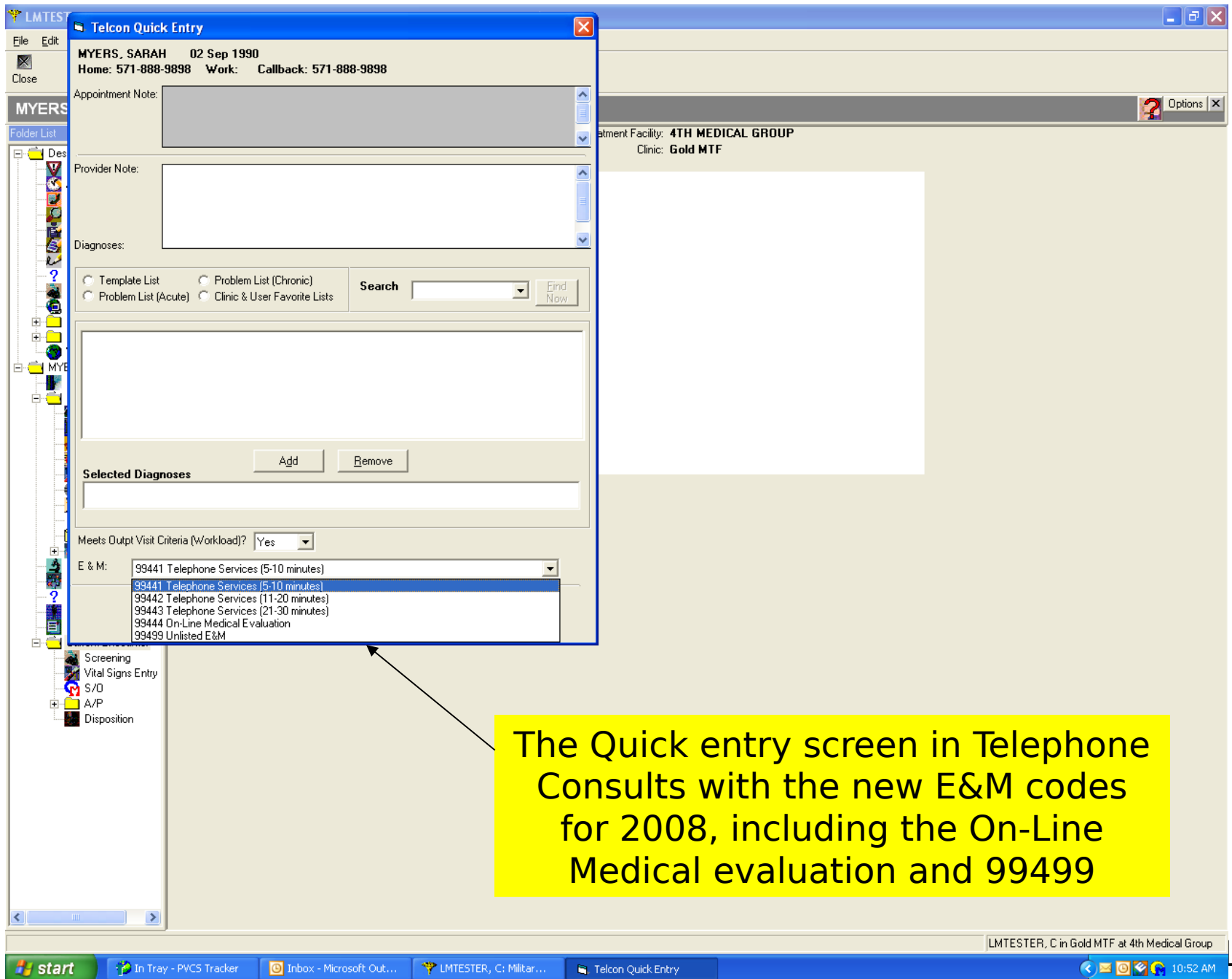
- Still use 99499 as the E/M
 - Telephone Services – ASSESSMENT and management
 - By nonphysician,
 - Initiated by established patient,
 - Not continuation of previous (7 days or post operative uncomplicated),
 - Not leading to a face-to-face visit in 24 hours or next available urgent
 - **98966** Telephone Assessment/M, established, 5-10 minutes
 - **98967** Telephone Assessment/M, established, 11-20 minutes
 - **98968** Telephone Assessment/M, established, 21-30 minutes
-
- On-Line Medical Evaluation
 - **98969** Online Assessment/M, not continuation of E/M provided in past 7 days, using Internet or similar method

Non-Privileged Providers

- 98966 Telephone **Assessment** And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous Seven Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment;
 - 5-10 Minutes Of Medical Discussion
- 98967 Telephone **Assessment** And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous Seven Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment;
 - 11-20 Minutes Of Medical Discussion
- 98968 Telephone **Assessment** And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous Seven Days Nor Leading To An Assessment And Management Service Or Procedure Within The Next 24 Hours Or Soonest Available Appointment;
 - 21-30 Minutes Of Medical Discussion
- 98969 Online **Assessment** And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Guardian, Or Health Care Provider Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days, Using The Internet Or Similar Electronic Communications Network

Supervising Provider Needed?

- For privileged providers – using AHLTA and ADM will remain pretty much the same
- For nurses, technicians and other non-privileged providers (based on “Supervising Provider Required” Field in the CHCS Provider file) – AHLTA and ADM will automatically take the non-privileged provider to the 98966/7/8 codes
 - If a non-privileged provider is still incorrectly in the system as not needing a supervising signature, correct it in the CHCS Provider file at your MTF



The Quick entry screen in Telephone Consults with the new E&M codes for 2008, including the On-Line Medical evaluation and 99499

hone Call Codes

LMTESTER, C: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Save Providers SQ A/P Sign Cancel Clear All Close

SMITH, ANNA 30/751-48-0000 49yo F FM: LtCol DOB:04 Nov 1958

Disposition

Encounter Context

Related to Injury/Accident? ☐ Patient Pregnant ☐

Billing and Admin

Billing Chief Complaint: indicated understanding

Appt Class: Admin Options:

Meets Outpt Visit Criteria (Workload)?

Calculated Selection Additional E&M Coding

E&M Category: Selection E&M Code:

E&M Codes:

E&M	Evaluation & Management
99441	Telephone Services (5-10 minutes)
99442	Telephone Services (11-20 minutes)
99443	Telephone Services (21-30 minutes)
99444	On-Line Medical Evaluation
99499	Unlisted E&M

E&M Description:

Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion

Reminders

Amblyopia & Vision Screen
Anemia Screen
Anti-Tobacco Counseling
Blood Pressure Screen
Breast Exam Screen

Encounter 99990828 A/P section was saved.

LMTESTER, C in Gold MTF at 4th Medical Group

start AOL 9.0 VR Temp Query #2... Microsoft Power... LMTESTER, C: ... 4:49 PM

Display of the new 2008 E&M Telephone Consults codes in the Selection tab of Disposition.

CHCS **ADM** CY 2008 CPT/HCPCS Enhancements

Telephone Consult Business Rule Changes in the ADM Module

Business Rule Changes in the ADM Module

The annual update to the CPT/HCPCS file introduced new business rules for telephone consults by both physicians and non-physicians. This business rule change made it necessary to modify the existing business rules on CHCS and AHLTA in order to properly code the telephone consult encounters.

Terminology

The terms physician and non-physician are defined in this presentation as follows:

Physician - A credentialed provider who does not require a supervising provider for oversight or countersignature. CHCS Provider file field **Supervising Provider Required** is populated NO.

Non-physician - Any nurse or technician who is able to create a telephone consult and provide advice but does not perform any medical decision determinations. CHCS Provider file field **Supervising Provider Required** is populated YES.

Telephone Consult Coding

- The process and menu paths for coding telephone consults is demonstrated in this presentation.
- While most physicians and non-physicians are using AHLTA as the main system of documentation and coding of the encounter, CHCS ADM will support the business rules in both the CHCS application and the AHLTA ADM write back.
- The following slides are presented in a format that is familiar to the provider.


Telephone Consult Processing

Nursing Menu
Physician Menu
Allied Health Menu
Bring Up Ward for Order Entry
Clinical Interface Management Menu
Facility Quality Assurance Menu

Select Clinical System Menu Option: Physician Menu

Accessing the encounter from the Clinical
Menu Tree

Telephone Consult Processing – Cont'd



ORE	Enter/Maintain Orders
ORS	Sign Orders
RNR	Review New Results
TEL	Telephone Consults
RCR	Review Clinical Results and Orders Menu
PLM	Problem Selection List Maintenance
SET	Create/Edit Order Sets
DOC	Document Patient Care Menu
MNG	Physician's Management Menu
ADT	Admissions/Dispositions/Transfers Menu
REF	Reference Information Menu
DSK	Clinical Desktop
USR	User-Specific Customization Menu
CPR	Transportable Records Management
ADE	ADM Data Entry Menu
ADR	Ambulatory Data Reports

Select Clinical System Menu Option: TEL

Telephone Consult Processing – Cont'd

[illegible]

The provider uses the select key to select the New Consults(s) action to create a new telephone consult note.

Telephone Consult Processing – Cont'd

```

=====
PROVIDER,1NAME L                                     Telephone Consults
                                11 Dec 2007
=====
Patient                                     Status      Age/Sex
FMP/SSN   Date of Call
.....
New Consult(s)

* 1.   (Create New Consult)

Unfinished Consult(s)

=====
Help = HELP      Expand = F9      Exit = F10      Select All = F11
Select All New = F17
=====

```

This slide shows the selection to create a new telephone consult.

Telephone Consult Processing – Cont'd

Select PATIENT NAME: PATIENT, ONE TEST

The provider is prompted to enter the patient's name for selection and is taken to the telephone consult note entry screen.

Telephone Consult Processing – Cont'd

PATIENT, ONE TEST

52y/o female

20/###-##-####

Home #: 000 111-2222

Work #: not on file

Workload DOES Count

.....
Allergies:

Problem List:

Provider's Note:

PT states medication for pain is causing nausea and vomiting and has also noticed hives. Pt is not experiencing any breathing difficulty or wheezing, no fever or sweating.

Assessment: Allergic reaction to Motrin with no known documented previous allergy. DC Motrin and continue with Tylenol for pain. Pt is to call if symptoms become worse or report to ER ASAP. Instructed patient to make an appointment for F/U in one week.

The provider enters the notes and when completed selects the IFS/Exit or presses enter twice to advance to the next screen.

Telephone Consult Processing – Cont'd

PATIENT, ONE TEST

52y/o female

20/###-##-####

Home #: 000 111-2222

Work #: not on file

Workload DOES Count

PRIMARY CARE

Enter the name of the clinic or APU receiving the workload credit.

Answer with HOSPITAL LOCATION CLINIC SPECIALTY, or NAME, or

ABBREVIATION, or DESCRIPTION, or MEPRS CODE, or COST POOL CODE, or SERVICE

(L)ist of values, or (Q)uit?

Provider's Note:

+allergy. DC Motrin and continue with Tylenol for pain. Pt is to call if symptoms become worse or report to ER ASAP. Instructed patient to make an appointment for F/U in one week.



Print Save print+Mail Workload

Results **setUp** Cln/apu Help

Define the clinic or APU that receives workload credit for this consult.

Telephone Consult Processing – Cont'd

PATIENT, ONE TEST

52y/o female

20/###-##-####

Home #: 000 111-2222

Work #: not on file

Workload DOES Count

[illegible]

Allergies:

Problem List:

Provider's Note:

+allergy. DC Motrin and continue with Tylenol for pain. Pt is to call if symptoms become worse or report to ER ASAP. Instructed patient to make an appointment for F/U in one week.

[illegible]

Print Save print+Mail Workload Results setUp Cln/apu Help

Define the clinic or APU that receives workload credit for this consult.

Note the action bar item "Print". This will print and save the telephone consult note. It also changes the status of the appointment to tel-con in the PAS EOD screen. From this screen the provider sets the workload status and assigns the MEPRS code/ Clinic to which the appointment and workload belong from the action bar at the bottom of the screen.

Telephone Consult Processing – Cont'd

The provider is returned to the Clinical Menu Tree for selection of another option. The provider selects the option to create the ADM encounter by selecting ADE as shown below.

A screenshot of a software interface with a dark blue background. It displays the text "Select Physician Menu Option:" in yellow, followed by a light green rectangular button containing the text "ADE" in dark green.

Select Physician Menu Option: ADE

Telephone Consult Coding by Provider

The provider selects CH to create the ADM encounter using the HCP search option.

CH	Create New ADM Encounter Records (HCP Search)
CP	Create New ADM Encounter Records (Patient Search)
CC	Create New ADM Encounter Records (Clinic Search)
MH	Modify Existing ADM Records (HCP Search)
MP	Modify Existing ADM Records (Patient Search)
MC	Modify Existing ADM Records (Clinic Search)
CLK	Clerk Check-In Processing
TCP	Telephone Consult Encounter Processing
RND	RNDS Appointment Processing

Select ADM Data Entry Menu Option: **CH**

Telephone Consult Coding by Provider – Cont'd

The provider is prompted to confirm the provider default. Select location and appointment date range prompts are also presented to the provider as shown below.

```
Appointed Patients Without ADM Records
Select PROVIDER: PROVIDER,1NAME L// PROVIDER,1NAME L    PRIMARY CARE CLINIC
- F0 PROVIDER1
    OK? YES// (YES)

Select Location (0)ne, (M)ultiple, (A)ll Clinics, (Q)uit: A//
The listing will be reverse chronological order, but enter
EARLIEST and then LATEST appointments.

Start with APPOINTMENT DATE: T-10// (01 Dec 2007)

Through APPOINTMENT DATE: T// (11 Dec 2007)
```

Telephone Consult Coding by Provider – Cont'd

```
Create Selected Encounters for Provider: PROVIDER,1NAME L
Patient Name          Clinic  Appt Date          Type      Status      Ck-In
-----
* PATIENT,NAME TWO          PCCFO    11 Dec 2007@1209  T-CON*    TEL-CON
```

The provider is presented with a list of appointments that have been either checked-in or telephone consult appointments that are completed through AHLTA or the Telephone Consult option in CHCS. Note the appointment status under the column titled Ck-In.

Cont'd

AGE : 38y

Appt Provider: PROVIDER,1NAME L Appt Prov Taxonomy:

Disposition:

.....

Chief Complaint:

Help = HELP Exit = F10 File/Exit = D0

MHS - Using 2008 Telephone Call Codes

Telephone Consult Coding by Provider – Cont'd

ADM Patient Encounter

PATIENT, NAME TWO

20/##1-##-####

AGE: 38y

QUESTION

Appt Date/Time : 11 Dec 2007@1209 Type: T-CON Status: TEL-CON

Clinic: PRIMARY CARE CLINIC - FO MEPRS: BGAA Injury/Accident Related: No

In/Outpatient: Outpatient

APV: No

Pregnancy Related: No

Appt Provider: PROVIDER,1NAME L

Appt Prov Taxonomy: ??

HIPAA Taxonomy code for the appointment provider. Selection is limited to the HIPAA Taxonomy codes listed in the Provider file for the appointment provider.

Answer with HIPAA PROVIDER TAXONOMY CODE, or DESCRIPTION
(L)ist of values, or (Q)uit? L

Chief Complaint:

Typing “??” at the Taxonomy code field will allow the user to display a list of taxonomy codes available for the provider in the event the provider has multiple taxonomy codes available.

Telephone Consult Coding by Provider – Cont'd

ADM Patient Encounter

PATIENT, NAME TWO

20/##1-##-####

AGE: 38y

Appt Date/Time : 11 Dec 2007@1209

Type: T-CON

Status: TEL-CON

Clinic: PRIMARY CARE CLINIC - F0 MEPRS: BGAA Injury/Accident Related: No

In/Outpatient: Outpatient

APV: No

Pregnancy Related: No

Appt Provider: PROVIDER,1NAME L

Appt Prov Taxonomy: ??

207P00000X PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/EMERGENCY MEDICINE

207000000X PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/FAMILY PRACTICE

2083A0100X PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/PREVENTIVE &

OCCUPATIONAL MEDICINE

2083P0500X PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/PREVENTIVE &

OCCUPATIONAL MEDICINE/OCCUPATIONAL ENVIRONMENTAL MEDICINE

Make choice = **SELECT**□

Exit = F10

Chief Complaint:

The provider shown in this example has multiple taxonomy code and the provider may select the appropriate taxonomy code for the encounter.

Telephone Consult Coding by Provider – Cont'd

[illegible]

a telephone consult. Diagnosis and Chief complaint data entry is completed on this slide.

Telephone Consult Coding by Provider – Cont'd

[illegible]

After the provider accepts the entry of the Diagnosis and the Chief complaint, the E&M Code Enter/Edit screen automatically appears.

Typing “??” in the E&M code field displays the **NEW** E&M codes available for physicians. CHCS Change Package 321 provides the ability for the user to select E&M codes in the 99371 to 99373 series if the code was active on the date of the appointment. This example shows the CY 2008 E&M codes that will be available on 01 Jan 2008.

Telephone Consult Coding by Provider – Cont'd

```

ADM Patient Encounter - E&M Code Enter/Edit
PATIENT,NAME TWO                20/##1-##-####          AGE:38y
#####
#####
Appt Date/Time : 11 Dec 2007@1209      Type: T-CON        Status: TEL-CON
Clinic: PRIMARY CARE CLINIC - FO       MEPRS : BGAA
=====
 ICD-9           Dx Description                      Priority
-----
 708.0         ALLERGIC URTICARIA                     1
=====
E&M Code Description (Maximum of 3 codes)   Dx Lvl  Mod1 Mod2 Mod3 Units
-----
99441 TELE E/M SVC,PHYS;5-10 MIN DIS1      1              1
=====
Help = HELP             Exit = F10          File/Exit = D0

```

Up to 3 E&M codes may be entered for the encounter. Pressing “Enter” twice after entering the Units will display the action bar for the user to select the First Screen as the action.

Telephone Consult Coding by Provider – Cont'd

ADM Patient Encounter - E&M Code Enter/Edit

PATIENT, NAME TWO

20/##1-##-####

AGE: 38y

[illegible]

Appt Date/Time : 11 Dec 2007@1209

Type: T-CON

Status: TEL-CON

Clinic: PRIMARY CARE CLINIC - F0

MEPRS : BGAA

ICD - 9

Dx Description

Priority

708.0

ALLERGIC URTICARIA

1

Dx Lv1 =====

E&M Code Description (Maximum of 3 codes)

1-4 Mod1 Mod2 Mod3 Units

99441 TELE E/M SVC,PHYS;5-10 MIN DIS1

1

1

First screen Edit

Return to the action bar on screen one.

The provider completes the entry of the E&M code and selects First Screen to return to the Diagnosis Entry Screen.

Telephone Consult Coding by Provider – Cont'd

ADM Patient Encounter

PATIENT,NAME TWO 20/##1-##-#### AGE:38y
Appt Date/Time : 11 Dec 2007@1209 Type: T-CON Status: TEL-CON
Clinic: PRIMARY CARE CLINIC - FO MEPRS: BGAA Injury/Accident Related: No
In/Outpatient: Outpatient APV: No Pregnancy Related: No
Appt Provider: PROVIDER,1NAME L Appt Prov Taxonomy: 207P00000X
Appt HCP Role: 1 ATTENDING
Additional Providers: No
Disposition:

ICD-9	Dx Description	Priority
708.0	ALLERGIC URTICARIA	1

Chief Complaint: 708.0 ALLERGIC URTICARIA

Edit Icd-9 e&M Cpt/hcpcs Admin Code File View mail cUo eXit

Enter/edit CPT or HCPCS codes

Telephone Consult Coding by Provider – Cont'd

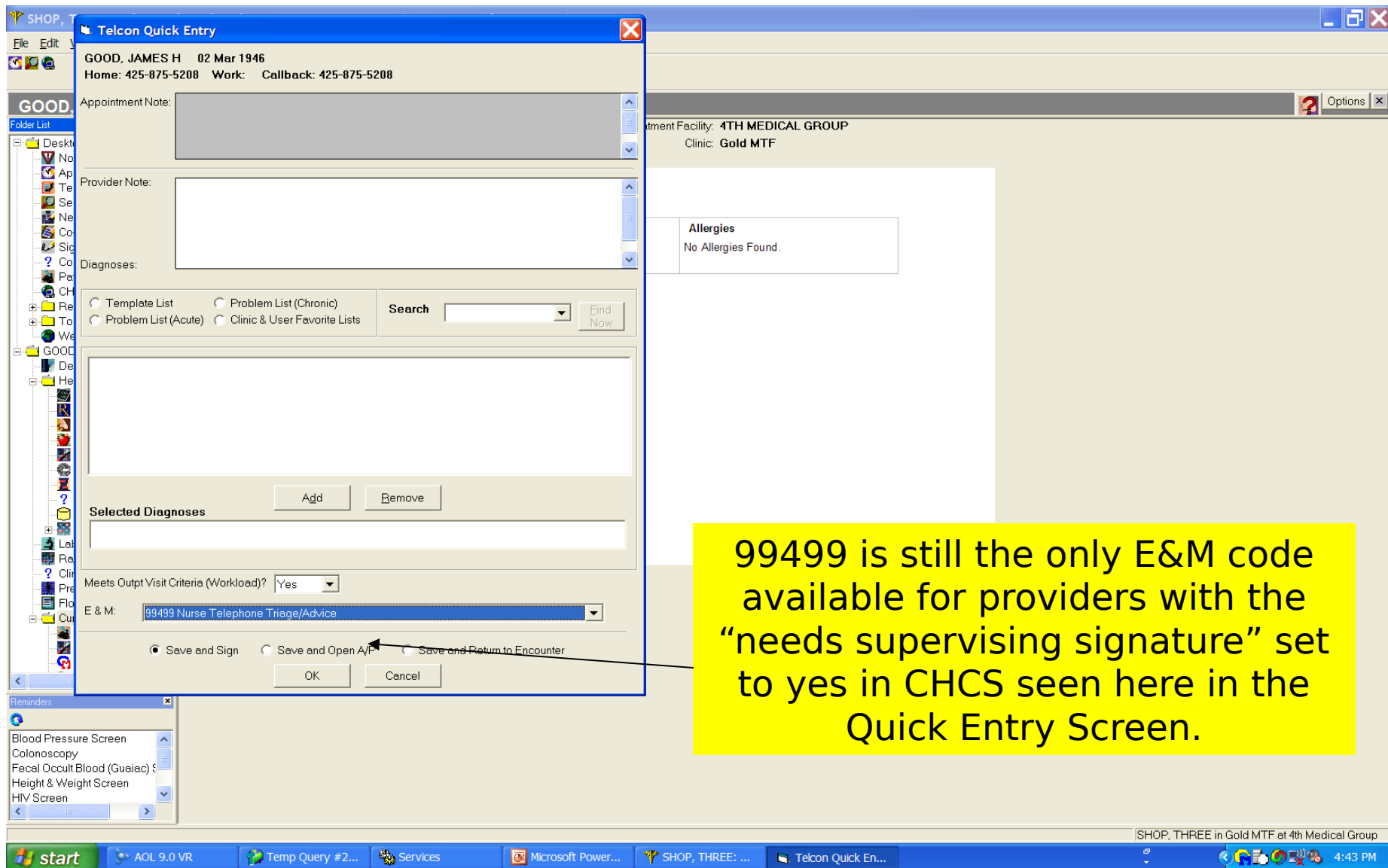
```
ADM Patient Encounter - CPT/HCP/PCS Code Enter/Edit
PATIENT,NAME TWO                20/##1-##-####          AGE:38y
#####
Appt Date/Time : 11 Dec 2007@1209      Type: T-CON        Status: TEL-CON
Clinic: PRIMARY CARE CLINIC - F0       MEPRS : BGAA
=====
 ICD-9           Dx Description                               Priority
-----
  708.0         ALLERGIC URTICARIA                           1
=====
CPT/HCP/PCS Description                    Dx Lvl =====
                                         1-4   Mod1 Mod2 Mod3 HCP Units
-----
The clinic defined list will appear if no CPT codes are entered.
```

Telephone Consult Coding by Provider – Cont'd

[illegible]

Telephone Consult Coding by Provider – Cont'd

[illegible]



SHOP, THREE: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Save Providers SQ A/P Sign Cancel Clear All Close

GOOD, JAMES H 20/638-16-0950 61yo M Ret:LtCol DOB:02 Mar 1946

Folder List

- Appointments
- Telephone Consults
- Search
- New Results
- Co-signs
- Sign Orders
- Consult Log
- Patient List
- CHCS-I
- Reports
- Tools
- Web Browser
- GOOD, JAMES H
 - Demographics
 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Question
 - BHIE Data View
 - Army Readiness Lab
 - Radiology
 - Clinical Notes
 - Previous Encounter
 - Flowsheets
 - Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - A/P
 - Disposition

Disposition

Encounter Context

☐ Related to Injury/Accident?

Billing and Admin

Billing Chief Complaint:

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Follow Up

☐ PRN

☐ With PC

Comments

Discussed

☐ All It

☐ D

☐ M

Calculated Selection Additional E&M Coding

E&M Category: Telcons

Selection E&M Code: 99499 (Nurse Telephone Triage/Advice)

E&M Codes:

E&M	Evaluation & Management
99499	Nurse Telephone Triage/Advice

E&M Description:

Nurse telephone triage is considered a telephonic communication for the assessment of a medical condition using a protocol approved by the Medical Staff, with the intent of providing healthcare advice to the caller. Collection of nurse telephone triage data.

Reminders

- Blood Pressure Screen
- Colonoscopy
- Fecal Occult Blood (Guaiac)
- Height & Weight Screen
- HIV Screen

Encounter 99990836 was saved.

SHOP, THREE in Gold MTF at 4th Medical Group

start AOL 9.0 VR Temp Query #2... Services Microsoft Power... SHOP, THREE: ... 4:44 PM

99499 is still the only E&M code available for providers with the "needs supervising signature" set to yes in CHCS seen here in the Selection tab in Disposition.

SHOP, THREE: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Preview Save Delete Templates SQ Disposition Sign Modifiers Submit All Close

GOOD, JAMES H 20/638-16-0950 61yo M Ret:LtCol DOB:02 Mar 1946

Folder List

- New Results
- Co-signs
- Sign Orders
- Consult Log
- Patient List
- CHCS-I
- Reports
- Tools
 - Template Manager
 - List Management
 - Reminder Mapping
 - Questionnaire Setup
 - Screening Notification
- Web Browser
- GOOD, JAMES H
 - Demographics
 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Questionnaire
 - BHIE Data View
 - Army Readiness
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounter
 - Flowsheets
 - Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - A/P
 - Disposition

Reminders

- Blood Pressure Screen
- Colonoscopy
- Fecal Occult Blood (Guaia)

Encounter Template Saved.

SHOP, THREE in Gold MTF at 4th Medical Group

5:08 PM

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	784.0	BENIGN COUGH HEADACHE	Acute	New

Plan/Comments

Procedure(s) Non-Physician Phone Call To Patient/Provider Brief (5-10min)

Priority

Orders & Procedures

Non-Physician Phone Call To Patient/Provider Brief (5-1

Diagnosis Order Sets Procedure Reminders Order Consults Order Lab Order Rad Order Med Other Therapies

Standard Procedures (CPTs) Search

Non physician codes Favorite Lists

HCPCS & Durable Med Equip (DME)

Find Now

Description of Procedures

Non-Physician Phone Call To Patient/Provider Brief (5-10min) 98966
 Non-Physician Phone Call To Pt/Provider Intermed (11-20 min) 98967
 Non-Physician Phone Call To Pt/Provider Lengthy (21-30 min) 98968
 Internet Med Svc Qual Nonphys Healthcare Prof Estab Patient 98969

Add to Encounter

The new non-physician codes can also be put into a new or existing template and used for Telephone Consults.

CHCS Provider File Maintenance

- Provider File Maintenance is used to correct the Supervising Provider Required Field in the CHCS Provider file.
- AHLTA will use this to determine the codes that are to be displayed to the AHTLA user.
- CHCS MENU PATH:
DAA>CFT>CFM>PRO
- Modifying the Supervising Provider Required Field will be done on the 4th screen of the DA PROVIDER EDIT screen on the following slide.

CHCS Provider File Maintenance

PROVIDER: PROVIDER, NURSE

DA PROVIDER EDIT #4

EDI_PN: #####

Work Address:

Zip Code:

City:

State:

Home Address:

Zip Code:

City:

State:

Require Supervising Provider?: YES

Active CHCS II Account: YES

Select ASSOCIATED CLINIC:

NURSE TRIAGE CLINIC

Email: Nurse.Provider@med.navy.mil

Help = **HELP**

Exit = **F10**

File/Exit = **D0**

INSERT OFF

LMTESTER, C: Military Clinical Desktop - Current Encounter (Privacy Act of 1974/FOUO)

File Edit View Go Tools Access Help

Refresh Add Note Providers Templates Sign Save As Template Close

SMITH, ANNA 30/751-48-0000 49yo F FM: LtCol DOB:04 Nov 1958

Date: 10 Dec 2007 1400 EST Status: In Progress Treatment Facility: 4TH MEDICAL GROUP
Primary Provider: LMTESTER, C Type: EST Clinic: GOLD MTF

Patient Status: Outpatient Reason for Appointment:

AutoCites Refreshed by LMTESTER, C @ 10 Dec 2007 1655 EST

Screening LMP: 27 Jul 2007.

Vitals

S/O

A/P A/P Written by LMTESTER, C @ 10 Dec 2007 1655 EST
1. MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS LEFT EAR

Disposition Disposition Written by LMTESTER, C @ 10 Dec 2007 1655 EST
Released w/o Limitations

Add Note

Folder List

- Appointments
- Telephone Consults
- Search
- New Results
- Co-signs
- Sign Orders
- Consult Log
- Patient List
- CHCS
- Reports
- Tools
- Web Browser
- SMITH, ANNA
 - Demographics
 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Questionnaire
 - BHIE Data View
 - Army Readiness
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounters
 - Flowsheets
 - Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - A/P
 - Disposition

- Reminders
- Amblyopia & Vision Screen
- Anemia Screen
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Breast Exam Screen

Encounter 99990829 Disposition section was saved.

LMTESTER, C in Gold MTF at 4th Medical Group

start AOL 9.0 VR Temp Query #2... Microsoft Power... LMTESTER, C: ... 4:56 PM

The Providers Icon allows a user to add an addition Supervising Provider if their "Requires Supervising Provider" flag is set to yes in CHCS.

LMTESTER, C: Military Clinical Desktop - Current Encounter (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Refresh Add Note Providers Templates Sign Save As Template Close

SMITH, ANNA 30/751-48-0000 49yo F FM: LtCol DOB:04 Nov 1958

Date: 10 Dec 2007 1359 EST Status: In Progress Treatment Facility: 4TH MEDICAL GROUP
Primary Provider: LMTESTER, C Type: T-CON* Clinic: GOLD MTF

Patient Status: Outpatient
Reason for Telephone Consult:

AutoCite... AutoCites Refreshed by LMTESTER, C @ 10 Dec 2007 1636 EST

Screening

Vitals

S/O

A/P A/P Written by LMTESTER, C

Disposition Disposition Written by LMTESTER, C

Add Note

Providers and Roles

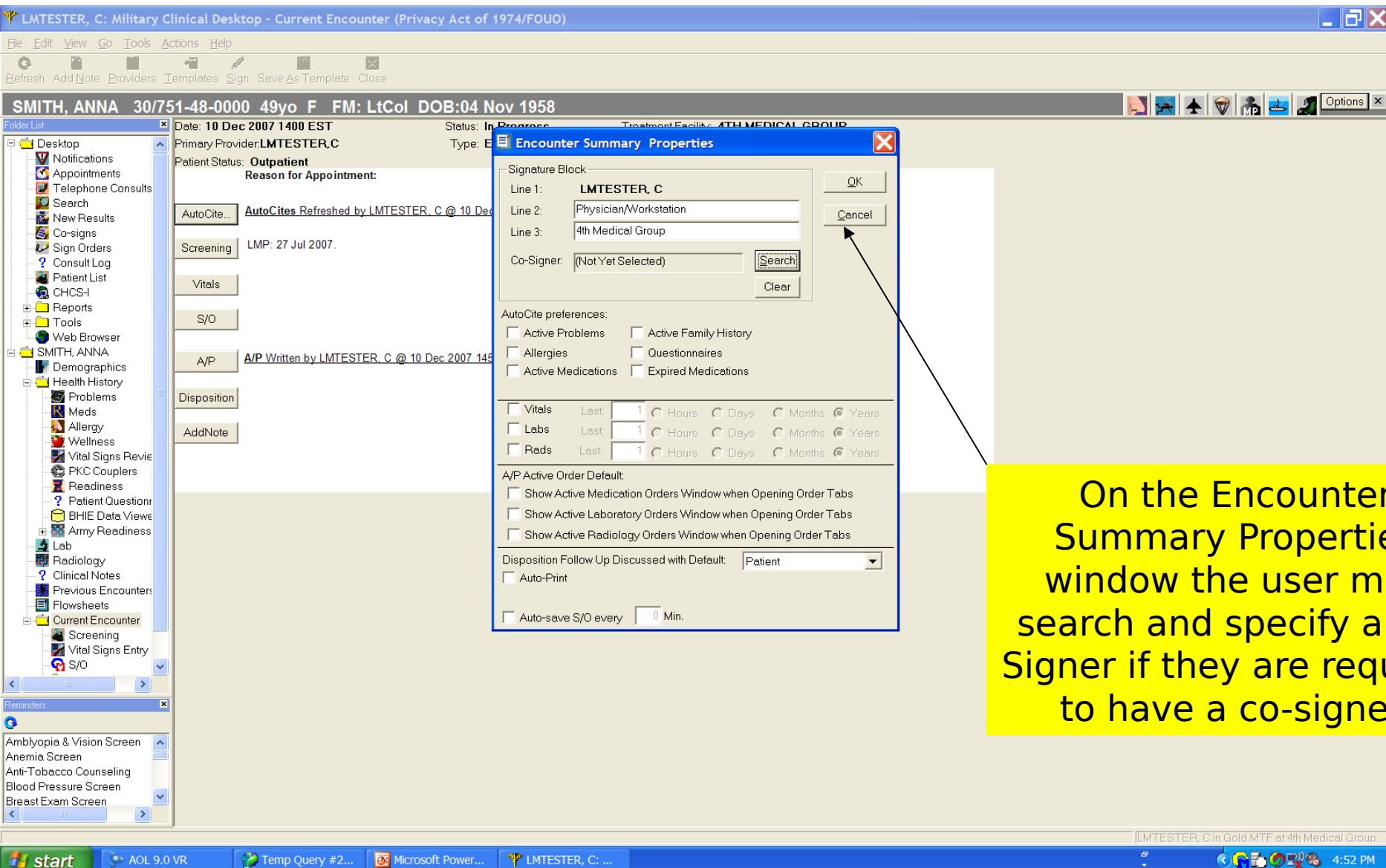
Appointed Provider	Role
LMTESTER, C	Attending Provider

Additional Provider #1	Role
AATEST, C	Attending Provider
	Assisting Provider
	Supervising Provider
	Nurse
	Paraprofessional

Additional Provider #2	Role

OK Cancel

When selecting the Provider Icon, the Providers and Roles window displays which allow the user to add an Additional provider with the Role of Supervising Provider.



LMTESTER, C: Military Clinical Desktop - Current Encounter (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Refresh Add Note Providers Templates Sign Save As Template Close

SMITH, ANNA 30/751-48-0000 49yo F FM: LtCol DOB:04 Nov 1958

Date: 10 Dec 2007 1400 EST Status: In Progress Treatment Facility: 4TH MEDICAL GROUP

Primary Provider: LMTESTER, C Type: E

Patient Status: Outpatient

Reason for Appointment:

AutoCite... AutoCites Refreshed by LMTESTER, C @ 10 Dec 2007 1400 EST

Screening LMP: 27 Jul 2007.

Vitals

S/O

A/P A/P Written by LMTESTER, C @ 10 Dec 2007 1400 EST

Disposition

Add Note

Folder List

- Desktop
- Notifications
- Appointments
- Telephone Consults
- Search
- New Results
- Co-signs
- Sign Orders
- Consult Log
- Patient List
- CHCS-I
- Reports
- Tools
- Web Browser
- SMITH, ANNA
 - Demographics
 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Questionnaire
 - BHIE Data View
 - Army Readiness
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounter
 - Flowsheets
 - Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O

Reminders

- Amblyopia & Vision Screen
- Anemia Screen
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Breast Exam Screen

Encounter Summary Properties

Signature Block

Line 1: LMTESTER, C

Line 2: Physician/Workstation

Line 3: 4th Medical Group

Co-Signer: LXTESTER, S

AutoCite preferences:

☐ Active Problems ☐ Active Family History

☐ Allergies ☐ Questionnaires

☐ Active Medications ☐ Expired Medications

Vitals Last: 1 C Hours C Days C Months C Years

Labs Last: 1 C Hours C Days C Months C Years

Rads Last: 1 C Hours C Days C Months C Years

A/P Active Order Default:

☐ Show Active Medication Orders Window when Opening Order Tabs

☐ Show Active Laboratory Orders Window when Opening Order Tabs

☐ Show Active Radiology Orders Window when Opening Order Tabs

Disposition Follow Up Discussed with Default: Patient

☐ Auto-Print

☐ Auto-save S/O every 0 Min.

Here a Co-Signer has been designated.

start AOL 9.0 VR Temp Query #2... Microsoft Power... LMTESTER, C: ... 4:54 PM

Using 2000 telephone Call Codes

LMTESTER, C: Military Clinical Desktop - Current Encounter (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Refresh

SMITH

Folder List

Sign Encounter

Patient: SMITH, ANNA	Date: 10 Dec 2007 1400 EST	Appt Type: EST
Treatment Facility: 4TH MEDICAL GROUP	Clinic: GOLD MTF	Provider: LMTESTER,C
Patient Status: Outpatient		

Reason for Appointment:

AutoCites Refreshed by LMTESTER, C @ 10 Dec 2007 1655 EST

LMP: 27 Jul 2007.

A/P Written by LMTESTER, C @ 10 Dec 2007 1655 EST

1. MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS LEFT EAR

Disposition Written by LMTESTER, C @ 10 Dec 2007 1655 EST

Released w/o Limitations

Enter Your Password: Auto-Print ☐ Sensitive

☐ Co-signer Required

Final workload will be set to: Count (Workload can be changed in Disposition prior to signing encounter)

Reminders

- Amblyopia & Vision Screen
- Anemia Screen
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Breast Exam Screen

Encounter 99990629 Disposition section was saved.

LMTESTER, C in Gold MTF at 4th Medical Group

start AOL 9.0 VR Temp Query #2... Microsoft Power... LMTESTER, C: ... 4:55 PM

The Sign Encounter box then displays the specified provider selected in the Encounter Summary Properties Window as the co-signer.

Telephone Consult Coding by Non-Physician

Select Clinical System Menu Option: Nursing Menu

ORE	Enter and Maintain Orders
DOC	Document Patient Care Menu
IMM	Immunization/Skin Test Enter/Review
MIM	Multiple Patient Immunization
NTE	Enter/Review Patient Notes
RCR	Review Clinical Results and Orders Menu
ADT	Admissions/Dispositions/Transfers Menu
PTI	Patient Instructions
REF	Reference Information Menu
MNG	Nursing Management Menu
QAN	Nursing Quality Assurance Menu
DSK	Clinical Desktop
USR	User-Specific Customization Menu
TEL	Telephone Consults
ADE	ADM Data Entry Menu
ADR	Ambulatory Data Reports
CPR	Transportable Records Management
APV	APV Minutes of Service Enter/Edit

Select Nursing Menu Option: TEL

[illegible]

Telephone Consult Coding by Non-Physician – Cont'd

[illegible]

The supervising provider entered will default to the order # 2 and the user must either select a provider taxonomy code or the system will default the taxonomy for the provider if there is only one taxonomy code available for the supervising provider entered.

Telephone Consult Coding by Non-Physician – Cont'd

ADM Patient Encounter - Additional Providers

PATIENT,NAME TWO 20/##1-##-#### AGE:38y

Appt Date/Time : 11 Dec 2007@1247 Type: T-CON Status: TEL-CON
Clinic : PRIMARY CARE CLINIC - F0 MEPRS : BGAA

=====

Additional Providers	Order	Role	Taxonomy Code
PROVIDER,2NURSE	1	9 GME	208600000X
PROVIDER.SUPERVISING	2	SU	207000000X

*SUPERVISING 3 SUPERVISING
SURGEON 7 SURGEON

Make choice = SELECT Exit = F10

The user by types the first 3 characters of the role name to select the supervising role. Pressing enter after selection populates the remaining fields.

Telephone Consult Coding by Non-Physician – Cont'd

ADM Patient Encounter

PATIENT, NAME TWO

20/##1-##-####

AGE: 38y

Appt Date/Time : 11 Dec 2007@1247 Type: T-CON Status: TEL-CON
Clinic: PRIMARY CARE CLINIC - FO MEPRS: BGAA Injury/Accident Related: No
In/Outpatient: Outpatient APV: No Pregnancy Related: No
Appt Provider: PROVIDER, 2NURSE Appt Prov Taxonomy: 208600000X
Appt HCP Role: 9 GME
Additional Providers: Yes
Disposition:

SICK AT HOME/QUARTERS 3
IMMEDIATE REFERRAL 4
ADVICE ASSESSMENT H
MEDICATION REFILL FORWARDED M
OTHER NOT ELSEWHERE CLASSIFIED 0
REFERRED FOR APPOINTMENT R
RELEASED TO SELF CARE S
REFERRED TO ER U

Telephone Consult Coding by Non-Physician – Cont'd

```
ADM Patient Encounter - E&M Code Enter/Edit
PATIENT,NAME TWO                20/##1-##-####          AGE:38y
////////////////////////////////////
Appt Date/Time : 11 Dec 2007@1247    Type: T-CON          Status: TEL-CON
      Clinic: PRIMARY CARE CLINIC - F0          MEPRS : BGAA
=====
 ICD-9      Dx Description                      Priority
-----
 401.1      BENIGN HYPERTENSION                      1
=====
E&M Code Description (Maximum of 3 codes)    Dx Lvl=====
1-4  Mod1 Mod2 Mod3 Units
-----
99499 UNLISTED EVALUATION AND MANAGEMENT SERVICE  1          1

Help = HELP      Exit = F10      File/Exit = D0
```

Note that the encounter will default the E&M code to 99499

Telephone Consult Coding by Non-Physician – Cont'd

```
ADM Patient Encounter - E&M Code Enter/Edit
PATIENT,NAME TWO                20/##1-##-####          AGE:38y
////////////////////////////////////
Appt Date/Time : 11 Dec 2007@1247      Type: T-CON      Status: TEL-CON
      Clinic: PRIMARY CARE CLINIC - F0          MEPRS : BGAA

Enter a CPT code 99201 - 99499 for evaluation and management.  ?-
Common clinic codes.
??-All codes.

Evaluation and Management codes are CPT codes in the range of 99201
      through 99499.

(M)ore help, (L)ist of values, or (Q)uit? L

??
```

Also note that if the user were to type ?? in the E&M Code field after removing the code 99499, the only code displayed will be the 99499.

Telephone Consult Coding by Non-Physician – Cont'd

```

                                ADM Patient Encounter - E&M Code Enter/Edit
PATIENT,NAME TWO                20/##1-##-####                AGE:38y

////////////////////////////////////
Appt Date/Time : 11 Dec 2007@1247      Type: T-CON      Status: TEL-CON
Clinic: PRIMARY CARE CLINIC - F0      MEPRS : BGAA

99499    UNLISTED EVALUATION AND MANAGEMENT SERVICE

Make choice = SELECT      Exit = F10

??
```

Selecting the option to List displays the available selection.

Diagnosis levels , modifiers and units of service are populated for the E&M code the same as for any booked appt encounter.

Telephone Consult Coding by Non-Physician – Cont'd

```
ADM Patient Encounter
PATIENT,NAME TWO                20/##1-##-####
AGE:38y

////////////////////////////////////
Appt Date/Time : 11 Dec 2007@1247      Type: T-CON      Status: TEL-CON
Clinic: PRIMARY CARE CLINIC - FO  MEPRS: BGAA  Injury/Accident Related: No
In/Outpatient: Outpatient      APV: No      Pregnancy Related: No
Appt Provider: PROVIDER,2NURSE      Appt Prov Taxonomy: 208600000X
Appt HCP Role: 9   GME
Additional Providers: Yes
Disposition: ADVICE ASSESSMENT

=====
ICD-9      Dx Description                      Priority
-----
401.1      BENIGN HYPERTENSION                      1
-----
Chief Complaint: 401.1      BENIGN HYPERTENSION
////////////////////////////////////
Edit  Icd-9  e&M  Cpt/hcpcs  Admin Code  File  View  mail  cUo  eXit
```

Enter/edit CPT or HCPCS codes
Returning to the first screen will display the action item highlighted for CPT/HCPCS data entry where appropriate and the user is able to enter the appropriate CPT/HCPCS code for the encounter.

Telephone Consult Coding by Non-Physician – Cont'd

- **CPT/HCPCS code will be entered the same as they were in slide 25 of this presentation.**
- **CPT/HCPCS codes appropriate for entry for Nurse Telephone Consults are:**
 - 98966 TEL ASS&MGT SVC, NONPH; 5-10MIN**
 - 98967 TEL ASS&MGT SVC, NONPH; 11-20MIN**
 - 98968 TEL ASS&MGT SVC, NONPH; 21-30MIN**

Questions?

- My answers:
 - Contact your Service Coding Representative
 - RVUs – yep – but not sure what they will be
 - Whenever your MTF/Server runs the update, so ask your System Administrator